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## CALIFORNIA EMERGENCY MANAGEMENT AGENCY

July 27, 2010

Kathy J. Ellis, LMFT  
Executive Clinical Director  
Northern California Abuse Treatment  
2036 Nevada City Hwy #237  
Grass Valley, CA 95945

Subject: Performance Assessment/Site Visit Report  
Grant # AT09061738

Dear Ms. Ellis:

On June 28 – 29, 2010, I conducted a Performance Assessment/Site Visit of the Child Abuse Treatment (CHAT) Program operated by Northern California Abuse Treatment (NCAT). Thank you for your time and cooperation during the site visit. It was a pleasure meeting you and the staff who support the CHAT Program. Everyone I met was friendly, helpful, and very professional.

During the visit, we discussed California Emergency Management Agency's requirements for the program, the goals and objectives, the match requirements, the source documentation, and the reporting requirements. As a result of the visit, I have found the project in most areas to be in compliance and functioning within the parameters established in the Grant Award Agreement. However, there were some findings (out-of-compliance) which require corrective actions. Please send me a corrective action letter by August 16, 2010 addressing the following topics:

Overall, the Administrative Review appears to be satisfactory. However, there are five administrative issues needing to be addressed:

- 1) Administrative Review Item #2 - The current Fidelity Bond does not include the Grant Award number, Employee Dishonesty coverage, Forgery coverage, and does not name the beneficiary – State of California, California Emergency Management Agency correctly.

**Action Needed:** Per the Cal EMA 2009 Recipient Handbook, Section 2160, the Fidelity Bond must include the Grant Award number, Employee Dishonesty coverage, Forgery coverage, and must name "State of California, Emergency Management Agency" as the beneficiary/certificate

holder. Please make these corrections to the Fidelity Bond certificate. **Indicate in the corrective action letter how this will be resolved.**

- 2) Administrative Review Item #7 - It appears salary and benefit information is not included in the personnel files. It also appears the Board of Directors has not approved the personnel policies.

**Action Needed:** Per the Cal EMA Recipient Handbook, Section 2130, the written personnel policies must include compensation rates, including overtime, and benefits. The Board of Directors must also approve the written personnel policies. **Indicate in the corrective action letter how this will be resolved.**

- 3) Administrative Review Item #9 - It appears Kathy Ellis (you) has complete authority over financial matters. You currently approve purchases, write checks, and sign checks.

**Action Needed:** You may not, in any given transaction, be able to approve a purchase, write the check, and then sign the same check. **Indicate in the corrective action letter how this will be resolved.**

- 4) Administrative Review Items #10 and #11 - The CHAT Program General Ledger does not, in all categories, match the Grant Award Budget. The budget does not show the percentage allocated in the agency for the CHAT Program. Transactions on the CHAT Program General Ledger cannot be tracked back to specific receipts. In some cases, minimum payments are being made on credit balances. Other charges on the general ledger included bank fees for bounced checks.

**Action Needed:** Per Recipient Handbook, Section 6420.1, "Expenditures of grant funds must be recorded in categories which parallel the Grant Award." Please submit a Grant Award Modification Request (Cal EMA Form 2-223) and budget forms to add general ledger categories within a line item or as its own line item. Include new Budget Narrative pages, or modify the NCAT CHAT Program General Ledger so it parallels the Grant Award Budget. **Indicate in the corrective action letter how this will be resolved.**

Per Recipient Handbook, Section 2245, "The cost of interest payments is not an allowable expenditure, unless the cost is a result of a lease/purchase agreement. Finance charges, late payment fees, penalties, and returned check charges are not allowable expenditures." Therefore, the interest being paid for running credit balances or loans, and the returned check charges, or any other penalties cannot be charged to the NCAT CHAT Program General Ledger. **Indicate in the corrective action letter how this will be resolved.**

Transactions listed in the CHAT Program General Ledger must be traceable back to the original receipt. **Indicate in the corrective action letter how this will be resolved.**



5) Administrative Review Item #13 – EEO Policy

- a) NCAT does not have a Discrimination Complaint Procedure. I provided you with a sample procedure (attachment 3B).
- b) You were not able to provide me with a publication for employment; you stated it has been at least a couple of years since anyone was hired.
- c) At the time of the site visit, NCAT did not have a plan to disseminate the EEO plan and the EEO policies to all employees, volunteers, clients, and to the general public. I provided you with a sample plan (attachment 10A); thereafter, you were able to put together the plan.
- d) At the time of the site visit, NCAT did not have a Limited English Proficiency (LEP) plan. I provided you with a sample plan (attachment 11A); thereafter, you were able to put together the plan.

***Action Needed:***

- a) NCAT needs to produce a Discrimination Complaint Procedure and have it approved by the Board of Directors.
- b) In the future, NCAT needs to include an EEO statement in help-wanted publications.
- c) Have the plan approved by the Board of Directors.
- d) Have the plan approved by the Board of Directors.

**Indicate in the corrective action letter how this will be resolved.**

Overall, the Programmatic Review appears to be satisfactory. However, there are three programmatic issues needing to be addressed:

- 1) Programmatic Review Item #6 – You stated performance evaluations are done occasionally, not on a yearly basis.

***Action Needed:*** Employee performance evaluations, at a minimum, should be done on a yearly basis. **Indicate in the corrective action letter how this will be resolved.**

- 2) Programmatic Review Item #7 – The project does not have an operational agreement with a local hospital.

**Action Needed:** Per the 2009 CHAT Program RFA, an operational agreement with a local hospital is required. **Indicate in the corrective action letter how this will be resolved.**

- 3) Programmatic Review Item #8 - The project does not have written policies regarding the maintenance of confidential files. Written policies regarding client confidentiality do not include: cannot take files outside of office; cannot discuss outside of office or with non-staff; cannot acknowledge someone is a client if asked.

**Action Needed:** NCAT needs to produce written policies regarding the maintenance of confidential client files. NCAT must also update its written policies regarding client confidentiality to be more specific. It should include guidelines on not discussing client information with non-staff members and not acknowledging someone is a client if asked. **Indicate in the corrective action letter how this will be resolved.**

Please review the enclosed Performance Assessment/Site Visit Report form; sign the cover page and mail it to me at your earliest convenience. Also complete a Corrective Action Letter with the requested actions and return to me by **August 16, 2010**. Should you have questions, please contact me at (916) 323-7730. Once again, thank you and your staff for warm hospitality and cooperation I received during the site visit.

Sincerely,

RICHARD BUNCH  
Program Specialist  
Children's Section

Enclosures:

- Site Visit Report
- EEO Checklist

**CALIFORNIA EMERGENCY MANAGEMENT AGENCY (Cal EMA)**

**PROGRAM: CHILD ABUSE TREATMENT PROGRAM (CHAT)**

**PERFORMANCE ASSESSMENT / SITE VISIT REPORT**

1. **GRANT AWARD NUMBER:** AT09061738 **DATE OF SITE VIST:** June 28 – 29, 2010
2. **GRANT PERIOD:** October 1, 2009 through September 30, 2010
3. **RECIPIENT/IMPLEMENTING AGENCY:** Northern California Abuse Treatment
4. **PROJECT DIRECTOR:** Kathy Ellis

**PERSONS INTERVIEWED DURING SITE VISIT:**

<u>NAME</u>	<u>TITLE</u>	<u>AGENCY</u>
<u>Kathy Ellis</u>	<u>Executive Clinical Director</u>	<u></u>
<u>Kirsten Young, LMFT</u>	<u>Therapist</u>	<u></u>
<u>Kate Strolle, MFTI</u>	<u>Intern Therapist</u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

Richard Bunch  
Signature of Program Specialist

07/16/2010  
Date

Gillsa Miller  
Signature of Section Chief

07/26/2010  
Date

Signature of Project Representative

Date

7/29/2010



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### A. ADMINISTRATIVE REVIEW

YES    NO    N/A

#### 1. OPERATIONAL DOCUMENTS

Review hard copy/verify the ability to access on line:

- The Cal EMA Recipient Handbook (R.H.)
- The Approved Grant Award Agreement
- The RFA/RFP (supersedes the requirement of the R.H.)
- The Program Guidelines (supersedes the requirement of the R.H.)
- Is the project familiar with Office of Management and Budget, OMB Circulars which govern your organization? Circulars may be found at [www.whitehouse.gov/omb/circulars](http://www.whitehouse.gov/omb/circulars).

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Kathy Ellis (Ms. Ellis) understands and was able to show the above required documents.

#### 2. FIDELTY BOND - COMMUNITY BASED ORGANIZATION (CBO ) & AMERICAN INDIAN ORGANIZATIONS ONLY

- Obtain copy of required CBO bonding? [R.H. Section 2161] Does not apply to state, city, or county units of government.
- Does the bond show:
  - Bonding company name
  - Bond number
  - Description of coverage
  - Amount of coverage (50% of allocation)
  - Bond period
  - Grant award number
  - Bond include Form A (Employee Dishonesty) and Form B (Forgery Coverage)?
  - Is Cal EMA named on the bond as the beneficiary?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Comments:

Ms. Ellis provided me with the current Fidelity Bond. The bond needs to include the Grant Award number; Employee Dishonesty coverage; Forgery coverage; and needs to name the "State of California, Emergency Management Agency" as the beneficiary.

#### 3. ENVIRONMENTAL IMPACT – CEQA COMPLIANCE (R.H. Section 2153)

- Does the project have their CEQA documentation on file?

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

Comments:

The agency has a current CEQA exemption letter.

#### 4. PROOF OF AUTHORITY (R.H. Section 1350)

- Does the project have a written authorization/resolution on file as required by the Grant Award Agreement? \*Ask for copy

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------	--------------------------

Comments:

The Board of Directors has given Ms. Ellis authority to sign for the CHAT Program grant.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### A. ADMINISTRATIVE REVIEW (Continued)

YES    NO    N/A

#### 5. ORGANIZATIONAL CHART

- Review the organizational chart. Are all budgeted positions identified?

☒    ☐    ☐

Comments:

Organizational chart was provided which shows all CHAT Program positions.

#### 6. Cal EMA MODIFICATION (Cal EMA 2-223)

- Review the purpose/preparation of Grant Award Modification (Cal EMA 2-223). [R. H. Section 7500] (*Instruct the project staff on the procedure to obtain the most recent forms from Cal EMA website.*)

☒    ☐    ☐

A modification is needed for the following:

- Budget changes
- Change in key personnel
- Adding/changing additional signers
- Change goals/objectives, or activities
- Address change
- Other

Comments:

Ms. Ellis understood the reason for and the process to submit modifications.

#### 7. PERSONNEL POLICIES

- Does the project staff have access to written personnel policies as required? [R. H. Section 2130]
- Do policies include:
  - Maintenance of personnel files for all paid and volunteer staff including job applications, salaries, benefits, and current job duties/descriptions
  - A current Drug Free Workplace policy statement on file signed by the employee? [R. H. Section 2152]
  - Work hours
  - Compensation rates
  - Overtime
- Did the Board approve the agency's current personnel policy?

☒    ☐    ☐  
☐    ☒    ☐  
☒    ☐    ☐  
☐    ☒    ☐  
☒    ☐    ☐  
☐    ☒    ☐

Comments:

Ms. Ellis stated the personnel files do not include salary and benefit information. It also appears the Board of Director has not approved the personnel policy.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### A. ADMINISTRATIVE REVIEW (Continued)

	YES	NO	N/A
<b>8. <u>FUNCTIONAL TIMESHEETS</u></b>			
• Does the project use functional timesheets for each grant funded position less than 1 FTE? OR Time Study Allocation plan updated within the last 2 years? [R. H. Section 11331]	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are timesheets (paid staff & volunteer) signed by staff & approved by supervisor? (Review timesheets to ensure they are signed by the staff and supervisor)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

Functional timesheets are utilized. They are signed by employees and approved by the supervisor.

### 9. DUTIES OF FINANCIAL OFFICER AND BOOKKEEPER

- |  |                          |                                     |                          |
|--|--------------------------|-------------------------------------|--------------------------|
| • Are the duties of the financial officer and the bookkeeper separate to ensure no one person has complete authority over a financial transaction? | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|-------------------------------------|--------------------------|
- Name of individual who approves purchases.  
Kathy Ellis
  - Name of individual who writes checks.  
Kathy Ellis and Kirsten Young
  - Name of individual(s) who signs checks.  
Kathy Ellis, Kirsten Young, Kate Strolle

Comments:

It appears that Kathy Ellis has complete authority over financial transactions.

### 10. SOURCE DOCUMENTATION-Fiscal [R. H. Section 11000]

- |  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • Does the project maintain a record-keeping system which will accurately support costs claimed on Report of Expenditure and Request for Funds (Cal EMA Form 2-201)? | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Does the project maintain an accurate inventory log of equipment purchased with grant funds?   | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Comments:

The CHAT Program General Ledger does not match the Grant Award Budget in all categories. The budget does not show the percentage allocated in the agency for the CHAT Program. Transactions on the CHAT Program General Ledger cannot be tracked back to specific receipts. In some cases, minimum payments are being made on credit balances. Other charges on the general ledger included fees for bounced checks.



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### A. ADMINISTRATIVE REVIEW (Continued)

	YES	NO	N/A
<b>11. PROJECT EXPENDITURES</b>			
• Is the project's expenditure rate commensurate with the elapsed period of the grant?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are the project's expenditures being made in accordance with the terms of the Grant Award Agreement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Does the project need to submit a Grant Award Modification Request (Cal EMA Form 2-223)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Is the project up-to-date with the submission of Cal EMA Form 2-201?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments:

The CHAT Program General Ledger does not match the Grant Award Budget in all categories. The budget does not show the percentage allocated in the agency for the CHAT Program. Transactions on the CHAT Program General Ledger cannot be tracked back to specific receipts. In some cases, minimum payments are being made on credit balances. Other charges on the general ledger included bank fees for bounced checks. The project may need to submit a Grant Award Modification Request in order to reconcile the budget categories.

### 12. MATCH REQUIREMENTS

• Does the project have a match requirement?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• Is the project meeting the match requirement?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• Review the supporting documentation to substantiate cash or in-kind match.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Comments:

The match requirement has been waived.

### 13. EEO POLICY

• Go over EEO checklist. (Separate document)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments:

The agency was able to provide me with the majority of the requested information. The following items need to be addressed:

- Item 3 – NCAT does not have a Discrimination Complaint Procedure. I provided Ms. Ellis with a sample procedure (attachment 3B). NCAT needs to develop a discrimination complaint procedure and have it approved by the Board of Directors.
- Item 5 – Ms. Ellis was not able to provide me with a publication for employment. She stated it has been at least a couple of years since anyone was hired. In the future, NCAT needs to include an EEO statement on any help wanted publications.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

- Item 9 – At the time of the site visit, NCAT did not have a plan to disseminate the EEO plan and the EEO policy to all employees, volunteers, clients, and to the general public. I provided Ms. Ellis with a sample plan (attachment 10A); thereafter, Ms. Ellis completed a plan which needs to be approved by the Board of Directors.
- Item 10- At the time of the site visit, NCAT did not have a Limited English Proficiency (LEP) plan. I provided Ms. Ellis with a sample plan (attachment 11A); thereafter, Ms. Ellis then completed a plan which needs to be approved by the Board of Directors.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### B. PROGRAMMATIC REVIEW

#### GENERAL

YES   NO   N/A

#### 1. PROGRAM GOALS AND OBJECTIVES

- Review the goals and objectives of the program and the programmatic requirements of the Grant Award Agreement. Is the project meeting the program goals and objectives? ☒ ☐ ☐
- Does the project staff need to submit Cal EMA Form 2-223 to modify their grant objectives? ☐ ☒ ☐

Comments:

The project appears to be on track on meeting Objective Goals.

#### 2. PROGRESS REPORT

- Discuss and review the programmatic Progress Report requirements. ☒ ☐ ☐

Comments:

Ms. Ellis understands the Progress Report requirements.

#### 3. SOURCE DOCUMENTATION-Programmatic

- Is the project maintaining a record keeping and data collection process that will accurately support the project's reported data on the Progress Report form? ☒ ☐ ☐
- Review the project's file system and data collection process.

Comments:

The project appears to have a data collection and record keeping system which will accurately reflect the data needed on the Progress Reports.

#### 4. OPERATIONAL AGREEMENTS

- Does the project have current Operational Agreements as required by the Grant Award Agreement? ☒ ☐ ☐

Comments:

The project had all required Operational Agreements except with a local hospital.

#### 5. PROJECT STAFF DUTIES

- Interview project staff and discuss their duties and the relationship to the grant. Are employees performing duties as stated in the Grant Award Agreement? ☒ ☐ ☐

Comments:

The project staff are performing the job duties as described in the Grant Award Agreement.



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### C. SUPPLEMENTAL PROGRAMMATIC REVIEW

#### 1. OBJECTIVE A – PROVIDE PSYCHOTHERAPY SERVICES

Does the project use licensed clinicians/therapists? If not, explain the credentials of the mental health staff. Discuss the type of therapy received by the child client (how often, group, individual, PCIT, trauma-focused, etc.).

YES      NO      N/A

☒      ☐      ☐

Comments:

Modalities used include Cognitive Behavioral, DBT, Play and Art.

#### 2. OBJECTIVE B – ASSISTANCE IN PROVIDING INFORMATION ON CRIME COMPENSATION SERVICES

How does the project provide clients with information and referral to the local Victim Witness Assistance Center for victim compensation services?

☒      ☐      ☐

Comments:

Project staff discuss the information about the Victim Witness Assistance Center with each client.

#### 3. OBJECTIVE C – ASSISTANCE IN UNDERSTANDING AND IN HELPING THE CHILD PREPARE FOR PARTICIPATING IN THE CRIMINAL JUSTICE SYSTEM

How does the project provide information and referral to the local Victim Witness Assistance Center for assistance, advocacy and support during judicial proceedings?

☒      ☐      ☐

Comments:

Project staff refer clients to the Victim Witness Assistance Center.

#### 4. OBJECTIVE D – USE OF VOLUNTEERS

- Does the project use volunteers? ☒      ☐      ☐
- Have volunteers completed the required 40-hour training prior to child client contact? Review documentation. ☒      ☐      ☐
- Do volunteers complete a sign-in sheet with date, time, activities and signature by the project's project director or designated staff? Review documentation. ☒      ☐      ☐
- Have all employees and volunteers completed the required background checks? ☒      ☐      ☐
- If the project does not use volunteers, has the project received a volunteer waiver for the current grant award period? ☐      ☐      ☒

How does the project use the mandated volunteers?

Comments:

Project uses Therapist Intern.

## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

YES    NO    N/A

**5. DOES THE RECIPIENT HAVE ON FILE DOCUMENTATION SUPPORTING THE COMPLETION OF THE FOLLOWING (inform the following are required, but do not review)?**

- |  |                                     |                          |                                     |
|--|-------------------------------------|--------------------------|-------------------------------------|
| ○ Reference Checks   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Criminal Background Check (if staff/volunteers have resided in California for less than 3 years, out-of-state criminal history checks are also required) | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
| ○ Child Abuse Central Index Checks   | <input type="checkbox"/>            | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| ○ Department of Motor Vehicle Checks (if transporting clients)   | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |

Comments:

Ms. Ellis stated the project does the background checks, destroys the background printout, but notes its completion in the personnel file.

**6. DOES THE PROJECT DO PERFORMANCE EVALUATIONS?**

☐    ☒    ☐

Comments:

Ms. Ellis stated performance evaluations are done occasionally and not on a yearly basis.

**7. CURRENT MANDATED OA's ON FILE**

- |  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • Law Enforcement  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • California Coalition for Youth (CCY)                                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Victim Witness Assistance Center                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • California Workforce Investment Board's State or Local Youth Council | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Local Hospitals  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Local Schools  | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • County Social Services Department                                    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Comments: The project had all the required operational agreements except with a local hospital.

**8. CLIENT CONFIDENTIALITY**

- |  |                                     |                                     |                          |
|--|-------------------------------------|-------------------------------------|--------------------------|
| • Written policy regarding client confidentiality.                         | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Written policy regarding the maintenance of confidential client records. | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| • Client records are kept confidential per E.C. Section 1037.1.            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |
| • Client records are kept in a locked room or file cabinet                 | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Comments: The project does not have written policies regarding the maintenance of confidential files. Written policies regarding client confidentiality do not include: cannot take files outside of office; cannot discuss outside of office or with non-staff; cannot acknowledge someone is a client if asked about client. Project needs to expand the confidentiality statement.



## PERFORMANCE ASSESSMENT/SITE VISIT REPORT

### D. ADDITIONAL COMMENTS:

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**ADMINISTRATIVE** (document strengths, topics needing improvement, follow-up, etc.)

The Northern California Abuse Treatment CHAT Program appears to be a professionally run organization. The staff is very helpful and competent. I appreciated the warm welcome I received and the can-do attitude in finding or producing any information and/or documentation which I needed for the site visit.

The following are items needing to be addressed in the Administrative Review:

- 1) Administrative Review Item #2 - The current Fidelity Bond does not include the Grant Award number, Employee Dishonesty coverage, Forgery coverage, and does not name the beneficiary correctly.
- 2) Administrative Review Item #7 - It appears salary and benefit information is not included in personnel files. Written personnel policies do not include these items as required. It also appears the Board of Directors has not approved the personnel policies.
- 3) Administrative Review Item #9 - It appears Ms. Ellis may complete authority over financial matters. She currently may approve purchases, write checks, and sign checks.
- 4) Administrative Review Items #10 and #11 - The CHAT Program General Ledger does not match in all categories the Grant Award Budget. The budget does not show the percentage allocated in the agency for the CHAT Program. Transactions on the CHAT Program General Ledger cannot be tracked back to specific receipts. In some cases, minimum payments are being made on credit balances. Other charges on the general ledger included bank fees for bounced checks. The project may need to submit a Grant Award Modification Request in order to reconcile the budget categories.
5. Administrative Review Item #13 – EEO Policy
  - a) NCAT does not have a Discrimination Complaint Procedure. I provided Ms. Ellis with a sample procedure (attachment 3B).
  - b) Ms. Ellis was not able to provide me with a publication for employment. She stated it has been at least a couple of years since anyone was hired.
  - c) At the time of the site visit, NCAT did not have a plan to disseminate the EEO plan and the EEO policy to all employees, volunteers, clients, and to the general public. I provided Ms. Ellis with a sample plan (attachment 10A). Ms. Ellis then produced such a plan.
  - d) At the time of the site visit, NCAT did not have a Limited English Proficiency (LEP) plan. I provided Ms. Ellis with a sample plan (attachment 11A). Ms. Ellis then produced such a plan.



## **PERFORMANCE ASSESSMENT/SITE VISIT REPORT**

### **PROGRAMMATIC** (document strengths, topics needing improvement, follow-up, etc.)

Programmatically, the project appears to be well run. The following are items needing to be addressed in the Programmatic Review:

- 1) Programmatic Review Item #6 - Ms. Ellis stated performance evaluations are done occasionally, not on a yearly basis.
- 2) Programmatic Review Item #7 – The project does not have an operational agreement with a local hospital.
- 3) Programmatic Review Item #8 - The project does not have a written policy regarding the maintenance of confidential files. The written policy regarding client confidentiality does not include: cannot take files outside of office; cannot discuss outside of office or with non-staff; cannot acknowledge that someone is a client if asked about client.